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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Mozambique

Proposed UNFPA assistance:	$29.75 million, $9.75 million from regular resources and $20 million from co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2002-2006)
Cycle of assistance:	Sixth
Category per decision 2000/19:	A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	7.25	16.00	23.25
Population and development strategies	1.80	4.00	5.80
Programme coordination and assistance	0.70	-	0.70
Total	9.75	20.00	29.75

/...

MOZAMBIQUE

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	44	≥60
Contraceptive prevalence rate (%)[2/]	6	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	10.73	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	127.6	≤65
Infant mortality rate (per 1,000 live births)[5/]	114	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	23	≥50
Secondary net enrolment ratio (%)[8/]	62	≥100

***AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.**

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development* (forthcoming).
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicates that data are not available.

Demographic Facts

Population (000) in 2001	18,644	Annual population growth rate (%)	1.76
Population in year 2015 (000)	23,526	Total fertility rate (/woman)	5.86
Sex ratio (/100 females)	98	Life expectancy at birth (years)	
Age distribution (%)		Males	37.3
Ages 0-14	43.9	Females	38.6
Youth (15-24)	19.7	Both sexes	38.0
Ages 60+	5.1	GNP per capita (U.S. dollars, 1998)	210

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of Mozambique in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $29.75 million, of which $9.75 million would be programmed from UNFPA regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of $20 million through co-financing and/or other, including regular, resources, to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be the Fund's sixth programme of assistance to the country. Mozambique is a "Category A" country under the UNFPA resource allocation criteria.

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations. It is based on the findings of the United Nations Common Country Assessment (CCA) completed in September 2000, which was jointly conducted by the Government of Mozambique and United Nations and donor agencies. The objectives of the proposed programme are in line with the United Nations Development Assistance Framework (UNDAF) 2002-2006, approved by the Government in April 2001. The proposed programme would be harmonized with the programme cycles of the United Nations Development Group (UNDG) partners.

3. The proposed programme takes into account the national policies, priorities and strategies expressed in the national poverty reduction strategy paper and its action plan, which aim to enhance the quality of life of all Mozambicans by increasing opportunities and reducing poverty from its level of 70 per cent in 1997 to 60 per cent in 2005 and to 50 per cent by 2010. To achieve these goals, the action plan identifies six main areas: education, health, agriculture and rural development, basic infrastructure, macroeconomic and financial management, and good governance.

4. UNFPA would assist the Government of Mozambique in attaining these goals in the areas of reproductive health including family planning and sexual health, and population and development strategies. The programme goal would be "to contribute to the reduction of poverty and the improvement of the quality of life of each individual, addressing sexual health and reproductive health and rights, the HIV/AIDS epidemic, gender equality and the harmonization of population trends with prospects for sustainable development". UNFPA support would be channelled through two subprogrammes. One subprogramme would focus on reproductive health, with components aimed at fighting HIV/AIDS and promoting family planning, and with particular attention being paid to the needs of adolescents. The other subprogramme would focus on population and development strategies, including the promotion of gender equality and the prevention of gender-based violence.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), endorsed by the United Nations General Assembly through its resolution 49/128.

Background

6. Mozambique's 1997 population and housing census estimated that the nation's population would be 17.6 million in 2001. The annual population growth rate was projected to decline from 2.8 per cent in the early 1980s to 2.3 per cent in 2000. Life expectancy at birth is still low, at 44 years for women and 40.6 years for men. With 44.4 per cent of the population under 15 years of age, the Mozambican population is very young.

7. The 1997 demographic and health survey (DHS) showed that the total fertility rate declined from 6.4 children in the early 1980s to 5.6 in 1997, with a higher rate in rural than in urban areas (5.75 and 5.1, respectively). The desired number of children reported by women and men were 5.9 and 7.4, respectively, reflecting the nation's traditional culture, which favours large families. While awareness of family planning methods among men and women is fairly high (65 to 75 per cent), contraceptive prevalence is low (6 per cent). Unmet need for family planning is 6.7 per cent, and is higher among those 15 to 19 years old (8.5 per cent). Recent data show a steady increase in contraceptive use.

8. The infant and under 5-year mortality rates are extremely high, at 146 and 245 per 1,000 live births, respectively. While antenatal care coverage is 72 per cent, only 44 per cent of births were attended by trained health personnel. The maternal mortality ratio is one of the highest in the world (1,500 per 100,000 live births); direct causes constitute 75 per cent of all maternal deaths, and 35 per cent are abortion-related. With a fertility rate of 175 births per 1,000 among adolescent girls aged 15-19 years, data indicate that 60 per cent of this group have already initiated their childbearing and that 40 per cent of all abortion complications are among this group.

9. Despite the Government's efforts, women, men and adolescents are more vulnerable to sexual and reproductive health problems than they were a decade ago, due to the advent of HIV/AIDS. Surrounded by five of the most HIV-affected countries in the world, Mozambique is registering a rapidly escalating HIV prevalence rate among its adult population. The prevalence rate rose from 4.3 per cent in 1994 to 16 per cent in 2000, with higher rates (up to 22 per cent) existing in the commercial corridors linking Mozambique to neighbouring countries. Moreover, data show a sharp increase in the prevalence of sexually transmitted infections (STIs) – from 726 per 100,000 in 1995 to 1,301 per 100,000 in 1998. Although life expectancy at birth had been expected to increase to around 50 years and total population to 22 million by year 2010, recent projections indicate a dramatic decline, to around 35.9 years and 19 million, respectively.

10. Estimates indicate that 43 per cent of all new HIV infections are among the 15-24 year age group, with higher rates among young girls 15-19 years old (16 per cent) than among young boys of the same age group (9 per cent). The increasing number of young people who immigrate to commercial corridors and urban areas in search of educational or employment opportunities are at higher risk for HIV infection and other reproductive health problems, such as unwanted pregnancies and complications from abortions. While the vulnerability of male adults and youth is related to their low awareness of reproductive health issues, including ones related to HIV, women's and girls' vulnerability is associated with the prevailing gender roles and the high incidence of gender-based violence, which exposes them to higher risks for HIV/AIDS and other STIs and contributes to their

low use of reproductive health services. The AIDS pandemic is considered the most devastating threat to Mozambique's development, with the potential to wipe out all past and current gains.

11. The nation's health network includes 1,134 facilities, of which 95 per cent are primary health care units. Nevertheless, the population's access to basic services is below 40 per cent, mainly due to the dispersed distribution of the population. Despite a large rehabilitation programme implemented after the end of the civil war, a significant part of the health system is barely functioning. Reproductive health services are not offered in an integrated way and are not client-oriented, particularly for males. The majority of maternal and rural hospitals do not provide adequate essential obstetric care. Several factors affect the quality and availability of services – mainly unqualified or insufficient human resources, but also the lack of equipment and supplies.

12. Following the end of the civil war in 1992, the country responded positively to a large rehabilitation programme supported by several donors. Nevertheless, the country's economic situation remains weak, and the annual per capita gross national product (GNP) is $252. In 2000, the Government of Mozambique prioritized poverty reduction as an overall objective for its 2001-2005 programme. While various elements of the national population policy were integrated into the action plan of the poverty reduction strategy, detailed action plans to implement the population policy are needed. With the completion of the 1997 population census and other surveys, there has been a significant increase in the amount of available data on population and reproductive health. However, there is still a considerable lack of sex-disaggregated data, and national capacities in research are still weak.

13. In regard to gender equity, while Mozambican women made progress in the political arena (they hold 25 per cent of parliamentarian and ministerial positions), significant gender disparities still exist in basic development indicators. Although the data on gender-based violence is limited, there is no doubt that it constitutes a major threat to gender equity. The Government of Mozambique ratified the Convention on the Elimination of All Forms of Discrimination Against Women in 1993, and created, in the year 2000, a Ministry of Women and Social Action.

14. Significant institutional reforms, policies and strategic planning have been recently developed, including a decentralization policy and sector wide approaches (SWAps) in some sectors. However, the implementation of these reforms is limited due to the nation's restricted institutional capacities at all levels. With a Human Development Index of 0.341 and a ranking of 168th out of 175 countries, high poverty, social marginalization and gender inequity constitute the core of Mozambique's development challenges. Floods in recent years have exposed Mozambique's vulnerability to natural disasters.

Previous UNFPA assistance

15. UNFPA support to the Government of Mozambique began in 1978, and the first country programme started in 1979. The fifth country programme (1998-2001) was budgeted at $23.2 million, of which $14 million was to come from UNFPA regular resources and the rest from other sources. Under co-financing modalities, UNFPA received the support of many donors, including the Governments of Sweden, Norway, Netherlands, Denmark and Switzerland, as well as the European Union, the United Nations Foundation and the Bill and Melinda Gates Foundation. The total

expenditure for the fifth country programme is estimated to be $11.5 million from regular resources and $12 million from multi-bilateral funds.

16. The programme's main goals were twofold: (a) improving reproductive health in line with the government's integrated programme for women, children and adolescents; and (b) adopting a national population policy and beginning its implementation. The programme provided strategic support to government institutions at the central level, along with coordinated interventions in Zambezia province. The interventions, which included advocacy activities, focused on reproductive health and population and development strategies.

17. Within the reproductive health subprogramme, several policies, guidelines and norms were finalized and disseminated, including a reproductive health policy and a national information, education and communication (IEC) strategy. In addition, a national maternal mortality reduction strategy was approved in 2000; the strategy was based on the successful implementation of projects providing essential obstetric care in Zambezia province and Maputo city. Several donors are expressing strong interest in supporting the strategy implementation in other provinces. With assistance from United Nations agencies, a national multisectoral AIDS strategic plan for 2001-2003 was prepared and approved by the Council of Ministers.

18. In relation to adolescent reproductive health, the programme succeeded in creating a strong commitment and coordinated action among several national partners, including the ministries of education, health, and youth. Support was provided to develop policies, strategies and plans, to pilot test innovative interventions in Zambezia province and Maputo city, and to ensure the integration of reproductive health, including HIV/AIDS, into the new primary education curricula. Moreover, UNFPA assisted in implementing a strategic plan for supporting community radios, including on how to integrate issues relating to reproductive health, into radio programmes.

19. A major achievement in the population and development strategies subprogramme was the completion of the 1997 population census. Its results, which were widely disseminated locally and internationally, offered a significant amount of data for the planning and monitoring of national programmes. In addition, a national population policy supporting the goals of the ICPD Programme of Action was approved in 1999. Many of the population policy's priorities were incorporated into the national poverty reduction strategy plan. The programme supported the training of government staff at the central level and in Zambezia province on how to integrate the national population policy priorities into annual government plans.

20. Furthermore, UNFPA supported the Ministry of Coordination of Social Action, which established an intersectoral gender committee to develop and monitor a plan of action to carry out the goals of the Fourth World Conference on Women. UNFPA also helped Forum Mulher, a women's non-governmental organization (NGO), train a core group of trainers at the national level and in Zambezia province. The trainers, in turn, trained other staff from both governmental and non-governmental institutions. As result of UNFPA advocacy, a National Directorate for Women and Gender Issues was established within the newly created Ministry of Women and Coordination of Social Action (MMCAS). Through the United Nations gender thematic group, support was extended to other United Nations agencies to ensure gender mainstreaming into their programmes.

Lessons learned

21. The key lessons learned from the previous programme were: (a) strengthening existing coordination mechanisms is an effective monitoring tool and in securing linkages and synergy within the programme; (b) the active involvement of national NGOs is necessary to complement government efforts; (c) greater decentralization would increase national absorptive capacity and make activities more relevant to the population's needs; (d) the development of a core group of national experts and advisers would address the problem of high turnover in government institutions, ensuring sustainable programme implementation and decreasing reliance on external expertise; (e) activities aimed at preventing gender-based violence and HIV/AIDS should be mainstreamed into all programme interventions; (f) when mainstreaming advocacy into UNFPA programmes, specific outputs should be defined; (g) the use of process indicators would facilitate more efficient, results-based management; (h) priority should be given to human resource development through pre-service training; (i) integrating communications to promote behavioural change into existing youth programmes on reproductive health proved highly effective; (j) reproductive health materials for youth should take sociocultural determinants into account; (k) while involvement of potential donors in project formulation would facilitate the mobilization of multi-bilateral funds, part of UNFPA's regular resources should be used as seed money for initiating projects and to showing results that can attract additional funding.

Other external assistance

22. Since the end of the civil war in 1992, a large number of bilateral and multilateral donors have committed themselves to Mozambique's development plans, particularly those affecting social sectors. Part of the bilateral support was channelled as contributions to United Nations-assisted programmes. While this support was geared to the overall development of these sectors, it contributed indirectly to population and reproductive health programmes. The World Bank and the International Monetary Fund are spearheading the highly indebted poor countries initiative for Mozambique; its proceeds are earmarked to support poverty reduction efforts, the social sectors and HIV/AIDS prevention. In addition, several cooperation agencies supported specific areas related to reproductive health and population. These agencies include the United States Agency for International Development (USAID), the European Union, the German Gesellschaft für Technische Zusammenarbeit (GTZ), WHO, UNICEF, UNESCO and WFP. Their support covered such areas as reproductive health (including adolescent reproductive health), family planning, STIs, obstetric care services and counselling, reproductive health commodities, condom social marketing, and the basic education system. Several bilateral donors supported the 1997 population census. A national young adult reproductive health survey is being supported by USAID, UNICEF and UNFPA.

Proposed programme

23. The overall goal of the proposed programme is noted in paragraph 4 above. UNFPA assistance will be channelled through two mutually enforcing subprogrammes in the areas of reproductive health, with a focus on HIV/AIDS, and population and development strategies, addressing the policy formulation and national and provincial planning processes. Advocacy and gender concerns, including gender-based violence, will be mainstreamed into both subprogrammes.

24. At the central level, UNFPA support would target the development of national policies, strategies, legal frameworks, and technical and management capacities. At the provincial level, the decentralized assistance will support the implementation of national programmes, particularly those aimed at reducing maternal mortality, improving adolescent reproductive health, preventing HIV/AIDS, and ones targeted at specific groups and implemented by national NGOs. Based on the achievements of the last programme, UNFPA will seek to replicate in other provinces those initiatives successfully implemented in Zambezia province. Considering Mozambique's vulnerability to natural disasters, emergency assistance would secure an adequate response to the reproductive health needs of affected populations, particularly women and adolescent girls, using a limited reserve fund, as needs arise.

25. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to ensuring the ability of all adults and adolescents to exercise their reproductive health and rights, encouraging their adoption of gender-sensitive values and behaviours towards reproductive health and HIV/AIDS issues; and securing increased access and use of high quality, integrated reproductive health services. Key issues include: the high prevalence of STIs, including HIV/AIDS; high rates of maternal mortality; the need to manage complications of abortions; adolescents' sexuality-related concerns; women's empowerment; and men's involvement in reproductive health issues.

26. Through the first four outputs, and based on research on barriers to and opportunities for behaviour change of each target group, the subprogramme will support the implementation of a culturally sensitive and gender-sensitive behaviour change communication programme. The programme will aim to personalize risk assessment and skills development among in- and out-of-school adolescents and among men and women in their respective social contexts, to enable each group to move beyond simple awareness to concrete behavioural change. Messages will be conveyed through multiple channels, including peer education and mass media. Recognizing the power dynamics between men and women, the programme will aim to empower women and adolescent girls to make their own decisions regarding sexual matters, while encouraging increased involvement of men and adolescent males in sexual and reproductive health concerns. The subprogramme will encourage national NGOs, cultural and religious institutions and community-based organizations to have an active and complementary role in target districts. Output indicators would include increased availability of information among men, women and adolescents.

27. The outputs would include: (a) promoting innovative approaches to reach students and out-of-school adolescents, including school- and community-based peer education carried out jointly with local youth associations; (b) integrating reproductive health information into the programmes of existing youth organizations; (c) linking girls' empowerment with their continuing education; and (d) promoting youth-to-youth radio programmes through community radio stations. Moreover, taking advantage of the current curricular reform of primary education, the subprogramme would support the integration of education on family life, sexuality and AIDS into primary education curricula and didactic materials. The subprogramme would also support teachers' training in necessary communication skills.

28. The outputs in the areas of women's empowerment and men's involvement in reproductive health issues would include: (a) expanding community-based services among rural women using local women's groups and associations; (b) pilot peer education and condom distribution among men at the workplace and other sites; and (c) conducting women- and men-oriented media programmes through community radio stations.

29. In response to the expected growing demand created through the above-mentioned activities, outputs will include: (a) integration of youth-friendly reproductive health services and counselling into selected health facilities, with youth involvement in service design and provision; (b) support to health facilities for the provision of essential obstetric care and management of abortion complications through strengthening the referral system between maternity hospitals and rural hospitals, updating the technical and management skills of service providers, and providing the necessary equipment and supplies; (c) support for the training of new mother and child health nurses for underserved communities; (d) integration of STI screening and treatment, family planning and HIV counselling in 75 per cent of the primary health-care network, through in-service training of health providers and the provision of required equipment; (e) coaching of health-care providers in initiatives for male-oriented services; (f) expansion of alternative channels for the distribution of contraceptives and condoms at the community level; and (g) continuous monitoring of the quality of care and client satisfaction. Output indicators will include the percentage of service delivery units offering appropriate reproductive health services to men, women and adolescents.

30. At the decision-making level, advocacy efforts will aim to ensure the needed institutional commitment for planned activities. At the community level, social mobilization will target opinion leaders (including religious and traditional providers) to create "bottom-up" pressure to influence social norms and to remove barriers that discourage behaviour change and use of reproductive health services by adolescents, women and men. Output indicators will include opinion polls among decision makers and community leaders.

31. To ensure sustainable implementation, the proposed subprogramme will aim at strengthening the institutional capacity of implementing partners at all levels to manage and coordinate reproductive health programmes in advocacy, behaviour change communication, and health services for adolescents, men and women, through support for: (a) the development and dissemination of necessary technical policies, guidelines and standards; (b) the formulation of strategies and operational plans, monitoring tools and data collection; (c) the development of necessary human resources through pre- and in-service training; (d) the improvement of logistics and management systems of reproductive health commodities; (e) the increasing of technical capacities of staff at the provincial and district levels; (f) the establishment of intersectoral coordination mechanisms at the central and provincial levels; and (g) the development of the internal capacities of national NGOs.

32. Reproductive health commodity security. To date, contraceptive supplies for Mozambique have been financed and provided in a coordinated manner mainly by USAID and UNFPA. Led by the Community Health Department, a logistics and management system was developed and integrated into the operations of the Pharmaceutical Department. With the expected steady increase in demand for reproductive health commodities, particularly condoms, and the prospect of diminishing resources from the two main donors, other donors are being approached to contribute

additional funds or to tie specific amounts from the drug pooling fund to be dedicated to procurement of these commodities.

33. An amount of $23.25 million would be allocated to the reproductive health subprogramme, $16 million of which would be sought through co-financing modalities and/or other resources. UNFPA regular resources would be primarily oriented towards supporting activities at the central level and in Zambezia province to build upon past achievements. Moreover, based on the success of some interventions in Zambezia province, particularly in the provision of essential obstetric care, STI prevention and adolescent reproductive health and AIDS issues, UNFPA would assist the Government in replicating these interventions in other provinces. While the replication will mainly depend on the mobilization of other funding sources, some of UNFPA's regular resources will be used as seed funding to initiate preparatory and specific activities in these provinces and to attract multi-bilateral funds. Current consultations with interested donors indicate that funding may be available for these initiatives.

34. The provinces will be selected in consultation with the national authorities and will focus on those districts located on main commercial corridors and with high HIV prevalence rates. By 2006, it is expected that the proposed subprogramme would reach, directly and indirectly through its different interventions, up to 7 million out of the 17.6 million inhabitants of Mozambique, of whom 3.4 million live in Zambezia province.

35. Population and development strategies. The purpose of the population and development strategies programme is to contribute to the political and institutional commitment and actions for addressing population issues, gender, and HIV/AIDS concerns in national and sectoral plans and programmes at all levels. The key issues are: (a) inadequate integration of these issues into development policies and plans; (b) insufficient and low use of data for designing, implementing and monitoring population and reproductive health programmes; and (c) low awareness of the interrelations between population and development issues at provincial and district levels.

36. The outputs of the subprogramme would include formulation and implementation of a national population policy action plan and post-Beijing plan of action formulated and implemented as an integral part of the poverty reduction strategy focusing on HIV/AIDS, reproductive health, education, and gender-based violence; improved integration of population, gender and HIV/AIDS concerns into national plans and selected sectoral and provincial plans; and improved data collection, analysis and research, and dissemination of information; and advocacy for population, gender and HIV/AIDS issues among decision-makers.

37. An amount of $5.8 million would be allocated to the population and development strategies subprogramme, of which $4 million would be sought through co-financing modalities or other resources.

UNFPA proposed programme within UNDAF 2002-2006

38. As mentioned earlier, the proposed programme is in conformity with the newly approved UNDAF for Mozambique. WHO will continue to provide technical assistance to the Ministry of Health, mainly in health policy development and sector reform and in normative functions for

HIV/AIDS surveillance and safe motherhood. UNICEF will provide financial and technical support to enhance the health of children, adolescents and women in selected provinces and will also support efforts to prevent HIV/AIDS and to care for AIDS orphans. WFP will support the education sector through its feeding programme, with a focus on ensuring that girls and AIDS orphans continue their formal educations. UNDP is focusing its activities on encouraging good governance, decentralization and capacity building within the public sector.

39. The proposed programme would seek joint programming and formulation with other United Nations agencies as follows: (a) with UNESCO and UNDP in reaching out-of-school adolescents and youth through multi-purpose, youth-serving centres offering learning and development opportunities as well as reproductive health information and counselling services; (b) with WHO and UNICEF to address the different determinants influencing maternal mortality; (c) with UNESCO in capacitating training members of the mass media and community radio stations to address reproductive health, HIV/AIDS and gender concerns; (d) with WFP in encouraging girls' enrolment in secondary education; (e) with UNDP in the area of strengthening national and provincial planning processes and capacities; and (f) with UNIFEM in the area of promoting gender equity and mainstreaming in national plans and programmes.

40. At the provincial level, UNFPA will participate, jointly with other donors, in the formulation of the annual provincial plans of health, education and AIDS. Moreover, in selecting provinces and districts, efforts will be made to harmonize UNFPA support with those of other bilateral and multilateral donors to avoid duplication and ensure complementarity.

41. To facilitate harmonization among United Nations agencies' processes and procedures, UNFPA will participate in selected UNDAF thematic groups. Annual and mid-term reviews would be conducted, jointly whenever possible, with other United Nations agencies as part of the UNDAF review process.

42. While the SWAp process is at a relatively advanced stage of discussion, UNFPA will actively participate in the process to ensure that reproductive health issues and gender concerns are given the required priority and to articulate the Fund's inputs within the annual sectoral strategic plans. In the area of gender, discussions are ongoing within the gender theme group to coordinate donors' support to the Ministry of Women and Social Action and national NGOs.

Programme implementation, coordination, monitoring and evaluation

43. A programme management committee would be established to oversee programme coordination. The committee would include representatives from the Government, the UNFPA Representative, as well as the United Nations Resident Coordinator and representatives of other United Nations agencies. The programme would be implemented within a national execution modality. While the Government of Mozambique would execute most of the programme, some projects would be executed by national NGOs to complement government efforts. Considering the high priority given to HIV/AIDS, UNFPA will establish close linkages with and support to the secretariat of the National AIDS Council.

44. The programme will be monitored using a set of indicators defined in the programme's logical framework matrix and CCA, using a results-based management approach. The results of the 1997 census and DHS, along with other surveys, would provide the main baseline data. The 2003 DHS will be used to revise the logical framework indicators. In addition to the annual subprogramme reviews, a mid-term review will be held in 2004 and an end-of-programme evaluation would be organized in 2006.

45. National experts would be the main source of technical assistance for the programme. Whenever local expertise is lacking, external expertise would be sought from international experts and United Nations Volunteers for defined periods. The Country Technical Services Team (CST) based in Harare will provide technical backstopping for the programme. To complement UNFPA technical assistance, specialized United Nations agencies and selected international institutions with known expertise will be invited to co-execute some defined sub-components of the programme.

46. The UNFPA country office is composed of a Representative, a deputy representative, one assistant representative, one programme officer, one junior professional officer, plus eight support staff. National Professional Project Personnel would be hired to support the substantive management and monitoring of the subprogrammes. Under the proposed programme, the amount of $700,000 would be used for programme coordination and assistance.

Recommendation

47. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Mozambique as presented above, in the amount of $29.75 million for the period 2002-2005, $9.75 million of which would be programmed from UNFPA regular resources to the extent such resources are available, and the balance of $20 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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